

## Exhibit B

## SIGNATURE CERTIFICATION FORM

Montana Department of Commerce  
Quality Schools Grant Program  
301 S. Park Avenue  
PO Box 200523  
Helena, Montana 59620-0523

This is to certify that the following officials are authorized to sign requests for payment of Montana Quality Schools Program funds for the (name of grantee: \_\_\_\_\_,) FY 20\_\_ Quality Schools grant:

1. \_\_\_\_\_  
Signature Title

Typed Name

2. \_\_\_\_\_  
Signature Title

Typed Name

3. \_\_\_\_\_  
Signature Title

Typed Name

**It is understood that any two of the above signatories must sign each request for payment submitted.**